



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

TAMARA PRISOCK—ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

May 17, 2016

Jordana Ratel, Administrator  
Post Falls Dialysis  
1300 East Mullan, Suite 1200  
Post Falls, ID 83854-6052

RE: Post Falls Dialysis, Provider #132508

Dear Ms. Ratel:

On May 10, 2016, a follow-up visit of your facility, Post Falls Dialysis, was conducted to verify corrections of deficiencies noted during the survey of April 1, 2016.

We were able to determine that the Conditions of Participation of **CFC-Patient Plan of Care (42 CFR 494.90)**, **CFC-QAP1 (42 CFR 494.110)** and **CFC-Reponsibilities of the Medical Director (42 CFR 494.150)** are now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Thank you for the courtesies extended to us during the survey. If you have any questions, comments or concerns, please contact Dennis Kelly, RN or Nicole Wisenor, Co-Supervisors, Non-Long Term Care at (208) 334-6626, option 4.

Sincerely,

TRISH O'HARA  
Health Facility Surveyor  
Non-Long Term Care

NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

TO/pmt

Enclosures

cc: Gary Keopanya, CMS Region X Office